days, but I sincerely believe that we've got to make a decision, and you can't say yes to everyone. We have to say no to someone, and, yes, these things I think need to come out given not just the actions on 991, but LB 903, LB 1156, on down the line. And I just think it is time for the body to act responsible and to take some things out. You know it is time, remember Jim Exon ran in '72 on turning off the spending machine, and that made him very popular, but it is one of those things where, I don't know, we just can't keep adding to it. I think we ought to take some things out. Here's an amendment that is a list of certainly want-tos but it is not a list of have-tos by any means. So if you don't have to do these things, I think the body needs to seriously consider removing these things from LB 991.

SPEAKER WITHEM: Thank you, Senator Moore. Discussion of the Moore amendment. Prior to that, however, let me introduce a number of guests we have; 34 Wisner-Pilger senior class students with their principal and teacher in the south balcony; and from Senator Janssen's District, 24 fourth graders from North Bend Elementary and their teacher; and Senator Pedersen and Ashford have a guest, Wynn Williams, under the south balcony. If all of you would stand and be recognized by your Legislature. On the Moore amendment, we have lights from Senators Wesely, Robinson, Beutler, and Ashford.

Thank you. SENATOR WESELY: Mr. Speaker, members, I won't address all of the elements of this proposed cut; frankly some of them I could probably very much support the funding reduction But one I cannot is the mental health road map, 2 million dollar effort that Senator Moore has proposed to be cut. In our studies of issues of mental health, and Senator Robak, I know, has put a lot of time into this and was very concerned about the issue this morning about mental retardation funding when our mental health needs are so underfunded. This is one of the few initiatives that have surfaced to help us address mental health needs, particularly for our children, and, again, we are talking about young people in this state with severe mental illness now having to be placed out of the state at a very high cost or in psychiatric hospitalization at a very high cost in the state, when we could be providing better care closer to their families and homes here in Nebraska at a lower cost. We've always felt it doesn't make sense, the current system, and the focus on the high cost aspects of mental illness treatment, when we could be redirecting monies into lower cost, closer to home treatment